



Department of Medical Assistance Services
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers and Managed Care Organizations (MCO) Participating in the
Virginia Medical Assistance Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 08/10/2016

SUBJECT: Notice of DMAS Addiction and Recovery Treatment Services Transformation —
Effective April 1, 2017

BACKGROUND

The Department of Medical Assistance Services (DMAS) recognizes that as a payor of health care services, it has an important role in the provision of services and treatment to individuals who suffer with a Substance Use Disorder (SUD). On September 26, 2014, Governor Terry McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, the Centers for Medicare and Medicaid Services (CMS) issued [CMS State Medicaid Director letter, #15-003](#) to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a SUD. The CMS opportunities significantly aligned with the Governor's Task Force conclusions that prescription drug and heroin overdoses are a public health and public safety crisis that is taking the lives of thousands of Virginians.

The 2016 Appropriations Act, Item 306 MMMM authorized DMAS to make changes to its existing substance use disorder treatment services as soon as it is feasible to do so following the passage of the Act and prior to the completion of any regulatory process undertaken in order to effect such change. Under this authority, DMAS has developed, in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) and other stakeholders, an enhanced and comprehensive benefit package to cover addiction and recovery treatment services and is also seeking CMS 1115 Demonstration waiver authority. The new benefit was developed based on the guidance outlined in the CMS State Medicaid Director letter as well as on the [recommendations created by the Governor's Task Force](#).

This new benefit expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS and FAMIS MOMS and significantly increases the payment rates for these services. It also strengthens how Virginia educates individuals, providers, and communities; treats patients identified with a SUD; collects and monitors data and health outcomes; and enforces new evidence-based policies and practices.

This memo serves as notice to providers of the proposed changes to the DMAS reimbursable **Addiction and Recovery Treatment Services (ARTS)** benefit.

DMAS SUD PROGRAM CHANGES - EFFECTIVE APRIL 1, 2017

DMAS will implement certain core benefit program changes to ARTS for Medicaid, FAMIS and FAMIS MOMS Fee-For-Service and Managed Care delivery systems effective April 1, 2017.

The following changes will apply to all enrolled members:

- **Expand the administration of community-based addiction and recovery treatment services through the Medicaid and FAMIS managed care organizations (MCOs).** This will allow the MCOs to provide the full continuum of ARTS, based on the intensity and urgency level of the individual's need. The MCOs also will integrate these treatment services with physical health and traditional mental health services for comprehensive care coordination. Providers will bill the member's MCO for all physical health, traditional mental health, and community-based addiction and recovery treatment services for Medicaid, FAMIS and FAMIS MOMS members who are enrolled in a MCO. Magellan of Virginia will cover ARTS for those members who are enrolled in full coverage Fee-For-Service (FFS) benefit thus providers will continue to bill Magellan for these FFS enrolled members only.

Community-based addiction and recovery treatment services include:

- Residential Treatment*,
 - Opioid Treatment (includes individual, group counseling and family therapy and medication administration),
 - Day Treatment/Partial Hospitalization,
 - Crisis Intervention,
 - Intensive Outpatient Treatment, and
 - Case Management.
- **Allow coverage of inpatient detoxification and inpatient substance use disorder treatment** for all full-benefit Medicaid and FAMIS* enrolled members. Expand coverage of residential detoxification and residential substance use disorder treatment for all full-benefit Medicaid enrolled members.
 - Upon the approval of the CMS 1115 Demonstration waiver, it will allow federal matching of Medicaid dollars for services provided in an Institution of Mental Disease (IMD) which is currently prohibited for mental health or SUD treatment delivered in facilities with greater than sixteen (16) beds. The waiver approval will **allow Medicaid reimbursement for residential treatment facilities with greater than sixteen (16) beds**, significantly increasing the SUD treatment capacity. DMAS will issue further memoranda upon the outcome of the waiver status as soon as it is received by CMS.
 - **Increase reimbursement rates** for existing substance use disorder treatment services currently covered by DMAS.

**FAMIS/FAMIS MOMS enrolled members are not eligible for Residential Treatment Services, Level C (ASAM Levels 3.3 to 3.7) nor services furnished in a state operated mental health hospital. FAMIS/FAMIS MOMS FFS enrolled members are not eligible for services provided in a free-standing private inpatient psychiatric hospital, however managed care plans may elect to cover as additional benefit for their members.*

Peer Support Services – Effective July 1, 2017

Peer support services are an evidence-based behavioral health model of care which consists of a qualified peer support provider who assists individuals with the self-management and recovery from a mental health disorder and/or a substance use disorder. CMS recognizes that the experiences of peer support providers, as individuals with lived experience and who have utilized mental health and substance use services, can be an important component in a State's delivery of effective services.

Thus DMAS will implement peer support services effective July 1, 2017. This new service will be available to individuals enrolled in a Medicaid benefit with a substance use disorder and/or mental health condition. DMAS will issue future memoranda with information about the peer supports benefit for FAMIS/FAMIS MOMS enrolled members.

ADDITIONAL BENEFIT AND NETWORK CHANGES

DMAS continues to work in conjunction with the Department of Health Professions (DHP), DBHDS, Virginia Department of Health (VDH), MCOs, and stakeholders, to design a transformed model for addiction and recovery treatment which is based on the American Society of Addiction Medicine (ASAM) standards. DMAS also is considering changes to provider qualifications and credentials for the ARTS benefit to align DMAS policy with the standards set forth in DHP's State Practice Act. These changes will help to ensure the integration of high quality addiction treatment, physical health, and mental health services for Virginia's Medicaid and FAMIS enrolled members.

Providers should reference the DBHDS detoxification facility licensure requirements moving forward to ensure that all facilities and services are licensed appropriately. Providers must have the appropriate license in order to provide inpatient withdrawal management services and receive Medicaid reimbursement.

DMAS will also be implementing changes to recognized substance abuse counselors on April 1, 2017 to meet DHP's licensing standards for Certified Substance Abuse Counselors (CSAC) and Certified Substance Abuse Counseling Assistant (CCAC-A). Providers will need to make sure they meet the DHP licensing requirements for CSAC and CSAC-A by April 1, 2017 in order to receive Medicaid/FAMIS reimbursement for services.

Certified Substance Abuse Counselor Training Opportunities

A Certified Substance Abuse Counselor (CSAC) must have education at the bachelor's level or higher. Additionally, the candidate must have 220 hours of didactic education in substance abuse and 180 hours of experiential tasks. The 400 required education/ training hours may be done through an accredited school or a Virginia Board of Counseling approved integrated program. The trainee must accrue 2,000 hours of experience. This must include at least 100 hours of

supervision; up to 50 may take place in a group setting. A candidate will take the Certified Substance Abuse Counselor Examination through the National Board of Certified Counselors (NBCC). The Virginia Board of Counseling will communicate approval to the NBCC. At this point, the candidate will receive registration information; a study guide will also be provided. Examinations are offered twice a year, in April and October. For more information, please visit: www.dmas.virginia.gov/Content_attachments/bh/Certified%20Substance%20Abuse%20Counselor.pdf.

DMAS will be issuing regulations and subsequent provider memoranda with details of the upcoming program changes. The proposed regulatory changes will bring DMAS in conformity with DHP licensing regulations as well as identify the changes to the current treatment services and the addition of the Peer Support Services. There will be a 30 day public comment period when the proposed regulations are initially published in the Virginia Register of Regulations on Town Hall. To enroll in Town Hall to receive notifications of regulatory actions, please visit: <http://townhall.virginia.gov/L/publiclogin.cfm>.

UPCOMING PROVIDER TRAININGS

On July 8, 2016, the United States Department of Health and Human Services posted the [final rule](#) which expands access to Medication Assisted Treatment (MAT), the evidence-based treatment with the best outcomes for opioid use disorder, by allowing eligible practitioners, after the first year of filing an initial notification of intent, to request approval to treat up to 275 patients (from 100) under Section 303(g)(2) of the Controlled Substance Act. This final rule also includes requirements to ensure that patients receive the full spectrum of MAT which includes medication (methadone, buprenorphine, or naltrexone) and psychosocial supports. DMAS is developing a **new payment model to support physicians who prescribe buprenorphine** partnering with behavioral health providers to offer integrated counseling and care coordination on-site at their practices to Medicaid and FAMIS enrolled members with opioid addiction.

To increase the number of physicians and behavioral health providers who are able to provide MAT (buprenorphine and psychosocial supports) in an office based setting, DMAS is partnering with the VDH to offer a comprehensive MAT training curriculum.. The training will have three tracks: 1) physicians on prescribing buprenorphine; 2) behavioral health providers (including psychologists, counselors, social workers, nurses, and peer recovery coaches) on providing counseling and care coordination; and 3) clinic administrators on the operational model. In addition, DBHDS and DMAS will develop guides on how opioid treatment programs and office-based settings can bill for and obtain reimbursement for MAT.

DMAS also is partnering with DBHDS to provide extensive training in the American Society of Addiction Medicine (ASAM) Criteria, a nationally recognized set of treatment criteria for addiction and recovery treatment. Providers will need to demonstrate they meet ASAM criteria in order to be credentialed by the MCOs and Magellan to participate in the DMAS ARTS program. ASAM criteria will be used by providers, MCOs, and Magellan to provide the assessment for all addiction and recovery treatment services including level of care and length of stay recommendations. Training will be available for direct service providers as well as key clinical leaders and administrators. Providers who are currently not an enrolled provider with

DMAS, Medicaid/FAMIS MCOs, or Magellan will need to provide a letter of intent to become a participating provider to attend the ASAM trainings.

DMAS will issue a provider memorandum with more specific information on training dates and registration once the details are confirmed. Please visit the DMAS ARTS website at: www.dmas.virginia.gov/Content_Pgs/bh-sud.aspx to find more information on the training schedule and registration, proposed benefit changes, summaries of stakeholder meetings and public comments.

Special Note: The specific link for the DMAS proposed reimbursement rates including the new payment model for integrated MAT that will be effective on April 1, 2017 are posted online at: http://www.dmas.virginia.gov/Content_atchs/bh/SUD%20Reimbursement%20Structure%20%20with%20Rates%20V2%2006282016.pdf

UPCOMING PROVIDER INFORMATIONAL SESSIONS

DMAS will also be offering several informational sessions to provide an overview of the ARTS benefit transformation, changes to provider requirements, updates to the reimbursement structure and rates increases (many of the substance abuse services increasing up to 400%).

Please visit [here](#) for the dates and registration links for the statewide in-person ARTS-101 provider informational sessions occurring during September 2016.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.